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May 3, 2023

Law Office of Edward M. Shishem
900 Jorie Boulevard, Suite 106
Oak Park, IL 60523

Our File #: 046-032163
Name of Insured: YRC Worldwide - USF Holland
Date of Loss: 04/17/2023
Claimant(s): Seung Chung

Address Reply To:

Office - Chicago
Area Administrative Center
PO Box 68606
Schaumburg, IL 60173
T: 847-240-9622
F: 847-240-9699
E: chicago.il@custard.com
Adjuster -
E: dweinberg@custard.com
D: 224-595-4204

Dear Mr. Shishem:

This letter is to inform you that I am the Adjuster assigned to handle the above-captioned claim. Please direct all future communications to my attention, and note our File number on all correspondence – until you receive written instructions to do otherwise.

At your earliest convenience, please provide me with the following information for your client

1. The Full Names of All Treating Physicians
2. The Addresses of the Treating Physicians
3. Date of Your Client's Treatment
4. Your Firm's Social Security Number (in anticipation of an eventual settlement)
5. Type of injury(-ies) sustained by your client from above accident
6. Any prior injury(-ies), whether related to automobile accidents or not

If you have any questions, you may contact me at my cell telephone number of (224) 595-4204 between the hours of 8:00 and 5:00, Monday through Friday. If I am not in, please leave your name, telephone number, our File Number and the best time to return your call. I look forward to working with you to bring this matter to an appropriate conclusion.

Sincerely,

Custard Insurance Adjusters, Inc.

David A. Weinberg
Liability Adjuster
E: dweinberg@custard.com
D: 224-595-4204

Sedgwick Claims Management Services, Inc.
P O Box 14516
Lexington, KY 40512-4516



Phone: (800)972-7602
Fax: (913)661-4999

May 04, 2023

Edward M. Shishem, Inc.
Attn: Clarissa Pena
900 Jorie Blvd Suite 106
Oak Brook, IL 60523

Re :
Insured: USF Holland Inc
Claimant Name: Chung E. Seung
Date of Loss: 04/17/2023
Claim Number: 2300003343-

Dear Ms. Pena:

This letter will serve to acknowledge receipt of your Letter of Representation, relative to the above-captioned matter, as well as confirm my telephone call to your office.

Please provide me with the following information relating to your client's loss so I can proceed with my investigation:

- Home address; date of birth; Social Security number
- Description of the injury sustained by your client
- Pre-existing or prior injury(ies)
- Status of the injury(ies) and treatment
- Medical carrier, claim number, claim handler, telephone number
- All wage loss information
- All specials received to date
- Detailed description of what occurred
- Names and addresses of all potential witnesses
- Your theory of liability
- Signed "Authorization For Medical Reports & Records"
- Signed "Medical Provider Information"

Please be advised that it may be necessary to obtain previous medical records if your client has sustained past injuries to any of the same body parts involved in this incident. We cannot send a medical records request to these doctors without a complete address either. I would greatly appreciate having copies of medical bills and reports forwarded to me once you receive same.



5/4/2023

2300003343

562023050415553



Thank you for your anticipated cooperation. Sedgwick manages claims for OLD REPUBLIC INSURANCE COMPANY on behalf of USF Holland Inc.

We value your privacy. For more on what personal information we may collect, how we may use this information and other important areas relating to your privacy and data protection, please read our privacy notice www.sedgwick.com.

Sincerely,

Anthony Batchelor

Claims Examiner

Enc: Authorization For Medical Reports & Records, Medical Provider Information



5/4/2023

2300003343

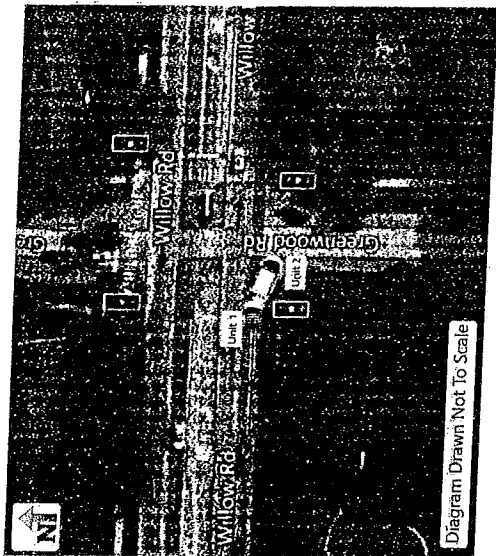
562023050415553



[illegible]

X002989555

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.



NARRATIVE (refer to vehicle by unit #)

The driver of Unit #2 said she was traveling E/B on Willow Road and was approaching the intersection of Greenwood Road. The driver of Unit #2 said she slowed down to make a right-hand turn onto S/B Greenwood Road. The driver of Unit #2 said she believe she used her right-turn signal. The driver of Unit #2 said that as she was making the turn, Unit #1 crashed into the rear of Unit #2, subsequently pushing Unit #2 towards the S/E corner of the intersection. Unit #2 came to a stop on the sidewalk after striking a traffic signal pole, knocking it off its foundation.

The driver of Unit #1 said he was traveling E/B on Willow Road and was approaching the intersection of Greenwood Road. The driver of Unit #1 said that Unit #2 suddenly began to slow down and went to make a right-hand turn onto S/B Greenwood Road. The driver of Unit #1 said Unit #2 never used a right-turn signal. The driver of Unit #1 slammed on the

LOCAL USE ONLY

N 42.1056
W -87.8392

U1 Race:

U2 Race:

U1 COLOR	White	U2 COLOR	White
U1 TOWED DUE TO	<input type="checkbox"/> DISABLING DAMAGE	U2 TOWED DUE TO	<input type="checkbox"/> DISABLING DAMAGE
U1 TOWED DUE TO	<input checked="" type="checkbox"/> NOT DISABLING DAMAGE	U2 TOWED DUE TO	<input type="checkbox"/> NOT DISABLING DAMAGE
DAMAGE EXTENT: 1		DAMAGE EXTENT: 3	

U1 Drag 1 000 U1 Drag 2 000 U2 Drag 1 000 U2 Drag 2 000
U1 TOWED BY / TO: U2 TOWED BY / TO: Gene's Towing

LARGE TRUCK, BUS, OR HM VEHICLE

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

UNIT 1

CARRIER NAME YRC INC

ADDRESS 10990 ROE AVE

CITY/STATE/ZIP OVERLAND PARK, KS 66211

MOTOR CARR. ID ☐ Interstate ☐ Intrastate
☐ Not In Comm./Govt. ☐ Not In Comm./Other

USDOT NO. 75806 ILLCC NO. _____

Source of above
☒ Side of Truck ☐ Papers ☐ Driver ☐ Log Book
GVWR/GCWR ☐ <10,000 ☒ 10,000 - 25,000 ☐ >25,000

Were HAZMAT placards on vehicle? ☐ Yes ☒ No
If yes, name on placard _____
4 digit UN NO. _____ 1 digit Hazard Class NO. _____

Did HAZMAT Spill from vehicle (do NOT consider FUEL from vehicle's own tank)?
☐ Yes ☒ No ☐ Unknown

Did HAZMAT Regulations violation contribute to the crash?
☐ Yes ☒ No ☐ Unknown

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash?
☐ Yes ☒ No ☐ Unknown

Was a Driver/Vehicle Examination Report form completed?
HAZMAT ☐ Yes ☒ No ☐ Unknown Out of Service ☐ Yes ☐ No

MCS ☐ Yes ☒ No ☐ Unknown Out of Service ☐ Yes ☐ No
Form Number _____

IDOT PERMIT NO. _____

TRAILER VIN 1 1JJV281W54L883722 WIDELOAD? ☐ Y ☒ N

TRAILER VIN 2 1JJV281W66L987879

TRAILER WIDTH(S) 0 - 96" 97 - 102" > 102"
TRAILER 1 ☐ ☐ ☒

TRAILER 2 ☐ ☐ ☒

TRAILER LENGTH(S) 1 ft 2 ft NO. OF AXLES 6

SELECT CODES FROM BACK OF CRASH BOOKLET
VEHICLE CONFIG. _____ CARGO BODY TYPE _____ LOAD TYPE _____

Narrative

brakes but ultimately crashed into the rear of Unit #2, pushing it onto the sidewalk on the S/E corner of the intersection.

Witness stated he was in the left-hand turn lane to go N/B on Greenwood Road at the intersection of E/B Willow Road. Witness said he observed Unit #2 slow down at the intersection and attempt to make a right-hand turn onto S/B Greenwood Road. Witness said he observed Unit #1 attempt to brake, but ultimately crash into the rear of Unit #2. Witness said he could not remember if Unit #2 did or did not use a right-turn signal.